

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 11-26-02

Suite 205
P.O. Box A
Coeur d'Alene, ID 83816

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Scott Reed B. Date of Delivery 12-9-02
C. Signature [Signature] ☐ Agent ☒ Addressee
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

DOCKET NO. 02-174

DEC 04 2002

CERTIFIED
MAIL

RETURN

RECEIPT

REQUESTED

ORDER DATED

11-26-02

FCC 02M-107

MIMEOGRAPH NO.

NAME: Scott W. Reed
Resort Aviation Services, Inc.
401 Front Avenue
Suite 205
P.O. Box A
Coeur d'Alene, ID 83816

C. R. R. NO.

BY....

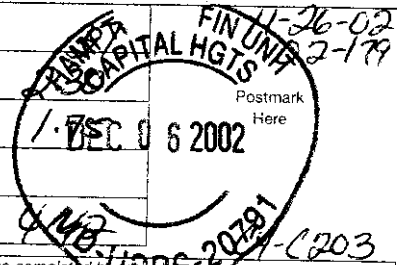
U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$



Name (Please Print Clearly) (to be completed by mailer)

Scott W. Reed

Street, Apt. No., or PO Box No.

401 FRONT AVENUE

City, State, ZIP+4

Coeur d'Alene, ID 83816

P.O. Box A

Suite 205

PS Form 3800, July 1999

See Reverse for Instructions